

POSITION	ID NO.	DATE
CLASSIFIER		
EXAMINER	299	6-28-94
TYPIST	324	6-29-94
VERIFIER		
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

# INDEX OF CLAIMS

Claim	Date
1	6-28-94
2	6-28-94
3	6-28-94
4	6-28-94
5	6-28-94
6	6-28-94
7	6-28-94
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45	6-28-94
46	6-28-94
47	6-28-94
48	6-28-94
49	6-28-94
50	6-28-94

SYMBOLS

- ✓ Rejected
- Allowed
- (Through numeral) Canceled
- Restricted
- N Non-elected
- I Interference
- A Appeal
- O Objected

Claim	Date
51	
52	
53	
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(LEFT INSIDE)